

# Preliminary Findings from Focus Groups With Uninsured and Insured Individuals

HRSA State Planning Grant for the Uninsured  
Health Care Coverage Advisory Panel Meeting  
18 October 2004



## Summary of Approach

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- Four focus groups, to date
  - Two with publicly insured individuals
  - Two with uninsured individuals
- Two with English speakers
  - Two with Spanish speakers
- Moderators: Donita Buffalo and Yvonne Rivera



## Summary of Approach (cont.)

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- Each group lasted 1.5 hours
- Questions explored insurance status, experiences with public programs, access to care, barriers, satisfaction, quality, etc.
- English-speaking groups—approximately 10 participants each, roughly equal mix of men and women, majority African American
- Spanish-speaking groups—10 participants each, all women (but one), variety of nationalities (Salvadoran, Mexican, Ecuadoran, Guatemalan, Dominican)



# Findings from the Uninsured

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## Reasons for not having insurance

- Most had periods of insurance in past
- Failed to renew coverage
- Tried to renew, but had problems with complex system (too much documentation)
- No staff in eligibility office
- Didn't try to apply; heard Alliance was “worthless”
- Didn't know where to apply; needed more info
- Couldn't afford coverage offered by employer
- Didn't feel the need for insurance



## Findings from the Uninsured (cont.)

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### Special Issues for Latinos

- Paperwork requirements difficult to meet
- Many do not possess basic identification (e.g., SS#, Driver's License)
- Alliance does not accept foreign ID papers
- Shared dwellings mean that many can't even prove residence status in DC



## Findings from the Uninsured (cont.)

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### Views on the Value of Health Insurance

- Among Latinos, unanimously yes.
- Valued for women's health, children's health, prevention, catastrophic care
- Health care seen as unaffordable without insurance
- Among English speakers, 2-3 individuals felt they didn't need it..."took responsibility" for being healthy, but others wanted it



## Findings from the Uninsured (cont.)

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### Out-of-Pocket Costs

- “I can’t pay for my care. I have no money...”
- “I just let the bills pile up. No way I can afford to pay them...”
- Out-of-pocket costs estimated at \$200 to \$1,000 a year



## Findings from the Uninsured (cont.)

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### Recommendations for Improvement

- Make insurance available to everyone  
Make it more affordable
- Make staff, and physicians treat you with more respect/dignity
- Choice of providers
- Cleaner, nicer facilities
- Shorter waiting times
- Make docs spend more time with patients
- Better information
- Less paperwork and documentation





## Findings from the Uninsured (cont.)

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### Special Issues for Spanish Speakers

- STRONG feelings that system was “racist”
- Little/no sense that clinics, and especially staff, were ethnically sensitive
- Unanimous feeling that Latinos were treated poorly, because of their status
- Requests for training in cultural competence, more flexible documentation rules



## Findings from the Insured

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### Stark contrast between English- and Spanish-Speaking Groups

- English speakers tended to have very high opinions of Alliance and Medicaid
- Spanish-speakers unanimously found programs to be complex to navigate, insensitive to needs, and costly



## Findings from the Insured (cont.)

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### Types of Coverage

- Both groups insured by either Alliance or Medicaid (by design)
- Children often not in the same plans as adults



## Findings from the Insured (cont.)

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### Views of the Enrollment Process

- Widely ranging opinions, from “fantastic, easy!” to “confusing, pesky, frustrating”
- Many complained of how long it took to get coverage
- Latinas unanimously reported serious barriers to enrollment, including complex paperwork, rude and disrespectful staff, lack of Spanish-speaking staff



## Findings from the Insured (cont.)

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### Views on Importance of Health Insurance

- Unanimous opinion that health insurance was critically important
- One participant ranked it “15” on a scale of 1 to 10...
- Continuity of care with physicians



## Findings from the Insured (cont.)

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### Out-of-Pocket Costs

- Among English speakers, annual costs were “0” for 8 of 10 participants
- Yet all Spanish speakers reported significant costs, ranging from \$30 to \$225 per year, often for prescription drugs



## Findings from the Insured (cont.)

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### Most Important Benefits

- Prescription drugs
- Preventive care for kids
- Prenatal care
- Vaccines
- Psychiatric care

### Missing benefits

- Transportation
- Health Promotion



## Findings from the Insured (cont.)

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### Barriers to Care

- Long waits at clinics
- Rude and demeaning staff
- Dentists difficult to find
- Transportation challenges





## Findings from the Insured (cont.)

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### Views on Quality

- Vast majority of English speakers felt quality was “very good” or “excellent”
- Many reported that they thought Medicaid/Alliance was “better than private insurance”
- Yet Latinas unanimously reported negative experiences with systems of care



## Findings from the Insured (cont.)

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### Best, and Worst Experiences

- Many English speakers praised preventive exams, diabetes control, surgeries
- Some complained of long waits, changing doctors, uncovered drugs, generic drugs
- Latinas found service to be of poor quality, and system to be frustrating and insensitive



## Findings from the Insured (cont.)

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### Recommendations for Improvement

- Universal coverage
- More generous benefits
- Focus on health promotion
- Training for staff in cultural/ethnic sensitivity and competence

